(Degree or title)

9 EA SIGNATURE

BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Oct. 16, 1955 Olivet Cemetery Marvland DATE REC'D BY LOCAL ADDRESS 24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland

COUNTY Frederick

(Year)

Hours

112. CITIZEN OF WHAT

COUNTRY?

USA

19 55

Interval Between

Onset And Death

20. AUTOPSY ? Yes No

(STATE)

DATE SIGNED

(Day)

Days

S 'A NYTHIN

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frede	erick
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick LENGTH OF STAY (in this place) Vears	CITY(If outside corporate limits, write RURAL a	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 East Seventh Street	STREET (If rural give location) ADDRESS 116 East Seventh Street	eet
DECEASED:	(Last) 4. DATE (Month) OF DEATH: Octobe	Day) (Year) er 5, 1955
5. SEX: 6. COLOR OR 7. SHIGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1	
work done during most of working life, even if retired): House-work Own Home	II. BIRTHPLACE (State or foreign country): 12. Canada	CITIZEN OF WHA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John William Henderson	Minnie Forrester	
(Yes, no, or unk.) (If Yes, give war or dates of service) NO NO NO NO.	Harry D. Axline, Frederick,	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Elmosis	INTERVAL BETWEE ONSET AND DEAT
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ite by pulmour	15410
19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATION	N /	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(State)
215. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	5-7-803
SIGNATURE Parket Jaice	9:45AM, from the causes and on the date ADDRESS DAT D. Jefferson, Maryland 5 Oct ERY OR CREMATORY LOCATION (City, town, or	stated above. FE SIGNED 1955 county) (State



WRITE PLAINLY, WITH UNFADING INK.

OR

PLEASE TYPE

Supply every item of information carefully. The

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09730

Q	7	A	17
2.7	-6	4	-

CERTIFICATE OF DEATH

Reg. Dist. No. /4/

V 3/4/ CERTIFICATI	d Of BEATH Reg. Dist.	No. /40
1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY The	derick
CITY (If outside corporate limits, write RURAL OF STAY (in this place)	CITY(If outside forporate limits, write RURAL a OR TOWN Usodsbace	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) LAURA PRISCILLA BAK	(Last) 4. DATE (Month) (I OF DEATH: Oct 10	Oay) (Year) 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.5.		ays Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
abraham Long	14. MOTHER'S MAIDEN NAME: Amanda Menges	
(Yes, no, or unk.) (If Yes, give war or dates of service)	a Lamar Barrick, Woodst	no, mid
18. MEDICAL CERTIFICAT	ION .	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) CORCINETA	a left hidney	8 Months
ANTECEDENT CAUSE (S)	V	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	stricture	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21C. WHERE DID (City or town) (Count INJURY OCCUR?	y) (State)
OF INJURY OF INJURY		
22. I hereby certify that I attended the deceased from	J, 19 49, to 10 10 , 1955, that I last	saw the deceased
SIGNATURF	10.01 VO. m. 1	stated above.
	ERY OR CREMATORY LOCATION (Gity, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

DECENSED

OCT 14 1955

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Supply every item of information carefully. The

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A15-VS. PLEASE TYPE OR WRITE-PLAINLY, WITH UNFADING INK.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9748

CERTIFICATE OF DEATH

,		nq	7	31
Reg.	Dist.	No.	.1	3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Frederick MARYLAND	STATE Myd. COUNTY Frederick.
If outside corporate limits write RURAL I FNGTH OF STAY	CIT (If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR O
TOWN Middletown	TOWN medaletrum
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
10 STREET ADDRESS	
01 11711112 01	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) LAURA VIRGINIA P	SEACHLEY DEATH: 10 - 7 - 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	
O DIVORGED DIVORGED	
Lemale white (Specify): (Specify):	-1871 84 yrs.
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life, even if fetired):	COUNTRY?
nousewife	faryland El. S.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Lewis ahalt	margaret Floor
S. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates	1000 A 10 20 100 m
no of service) none	J. Claude Peachley middletown Mrd
18. MEDICAL CERTIFICAT	TION U INTERVAL BETWEEN ONSET AND DEATH
11/1/1/	D. 11 . d. 2 ms
444 Cardio-	Kernal-Verscular aisease 2 90
IMMEDIATE CAUSE DUE TO	
ANTECEDENT CAUSE (8)	
DISEASES OR CONDITIONS, IF ANY, (B)	e.f.
STATING UNDERLYING CAUSE LAST. DUE TELEFORM	Sellien
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
	YES NO
The state of the s	Annal Control (City of Annal (Control (
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ctory, 21c. WHERE DID (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?
OF INJURY While at work	
22. I hereby certify that I attended the deceased from	, 19.55, to 7 , 1955, that I last saw the deceased
19ch 6 10th and that doth and mad at	1/30/M, from the causes and on the date stated above.
alive on	ADDRESS DATE SIGNED
) 5 Herb	The dilition O-17CE
Ye was also	1.D. / Me autions Cut / 30
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR OREMATORY LOCATION (City, town, or county) (State)
9.1.1.1 10-10-1955 Luthuan	Cemetery, middlelown, mo.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR . ADDRESS
REGISTRAR OD. ()-And ().	Soulling milt made
10-8-1955 Chabelle J. Jak	whatele to oridalition by.

BUREAU V. E.

3061 11 1002

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR

MARYLAND	STATE	DEPARTMENT	of	HEALTH-	-BALTIMORE,	18	0973
	CITAT	ETITLA DESETTING	OT	TATA A PRIT	T		0000

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
COUNTY Frederick MARYLAND	STATE Md COUNTY Frede	erick
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate ilmits, write RURAL as	
OR and give nearest town) TOWN Rural Sabillasville 40 vrs	TOWN Rural Babillasville	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	1
3. NAME OF (First) (Middle) ((Last) 4. DATE (Month) (D	Ouy) (Year)
DECEASED: (Type or Print) Samuel Phillippy Bi	ttner Oct 6	1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specification) (Specificat	OF BIRTH: 9. AGE last birthday IF UNDER 1 VI	The state of the s
OR INDUSTRY: even if retired armer ON Farm	11. BIRTHPLACE (State or foreign country): 12. (COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John C. Bittner	Mary C. Phillippy	
18. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes. Noor unk.) (If Yes, give warm dates of service) NO I	lester G.Bittner Sabillasvi	lle Md
18. MEDICAL CERTIFICATI	ION unless des	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
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ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) OUT LUM DUE TO	I Merchi Cardio Charles Une	" 4 41 ms
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH		
198. MAJOR PINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	19 4, 19 4, to 6 0 1, 19 4 5 that I last	saw the deceased
	D. Tely Red Summer	e 6 albox
23. BURIAL, CRÉMATION. DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) Oct. 9. 1955 Blue Ridge	Cem • Thurmont • Fred	
DATE REC'D BY LOCAL REGISTRAT'S SIGNATURE	M.L. Creager & Son. Thurmon	ADDRESS

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DESCRIPTION OF THE ROLL OF THE PROPERTY OF THE PERTY OF T

CERTIFICATE OF DEATH

Reg. Dist. No.

(Day)

Days

18.

COUNTYFREDERICK

(Year)

Hours

12. CITIZEN OF WHAT

Interval Between

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Yes No P

(STATE)

DATE SIGNED

-19-55

(State)

COUNTRY?

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MARGIN RESERVED

2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: FREDERICK MARYLAND and legibly COUNTY MARYLAND STATE (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY OR and give nearest town) (in this place) OR TOWN TOWN FREDERICK (If rural give location) HOSPITAL OR STREET INSTITUTION OR ADDRESS STREET ADDRESS ST. 914, WALNUT clearly 3. NAME OF 4. DATE (Month) (Middle) (Last) (First) DECEASED: OF OCT. CORA BOWERS DEATH: (Type or Print) 9. AGE last birthday: IF UNDER I YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH: 5. SEX: 7. SINGSE, MARRIED. death 6. COLOR OR WIDOWED, DIVORCED, (Specify) Widowed RACE: White Dec. 14, 1872 Female 10b. KIND OF BUSINESS OR | II. BIRTHPLACE (State or foreign country): INDUSTRY: 10a, USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife House Wife Maryland causes 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Solomon Matthews Isabell Brown 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No.: (Yes, no, or unk.) | (If Yes, give war or dates of Son. 914 Walnut St. Roland R. Bowers. service) No write No None Par Einoma of Urinay Bladder of It Redney
Right Hydrouphosis with bony
Netutasis to pellis 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH please Immediate cause DUE TO Antecedent causes (s) cians Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last. DUE TO Physi 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. important. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION (CITY OR TOWN: (COUNTY) ACCIDENT PLACE (Home, farm, factory, street, (Specify) SUICIDE OF office bldg., etc.) INJURY HOMICIDE TIME (Month) INJURY OCCURED HOW DID INJURY OCCUR? (Day) (Year) (Hour) especially Not While While st INJURY At Work Work [18 1955, that I last saw the deceased .1955 22. I hereby certify that I attended the deceased from Que from the causes and on the date stated above. alive on D. , and that death occurred at

(Degree or title)

NAME OF CEMETERY

ODD FELLOWS

DATE THEREOF

October 22, 155 0

WITH PLAINLY, WRITE SE V PLE

26

SIGNATURE

BURTAL DATE REC'D BY

BURIAL, CREMATION,

REMOVAL (Specify)

A15

MILFORD, DELEWARE ROBERT E. DAILEY, 1201, N. Market St. FREDERICK. Maryland.

LOCATION (City, town, or county)

ADDRESS

OR CREMATORY

BECEINED

SCT 24 1955

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VS. A15-10-53

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1750	CERTIFICATE	OF	DEATH

Reg. Dist. No. 13

0.00		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	,
COUNTY Frederick MARYLAND	STATE Ad. COUNTY Frederice	6
OR and give nearest town) Town (If outside corporate limits, write RURAL (in this place)	OR Jewn Runal Middle town	est town
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	1
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Y	
DECEASED.	I - OF	ear) うづら
A BACE WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday FUNDER 1 YEAR HOURS	Min.
WAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY?	WHA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Casper Pflere	Clara Mechling	
S. WAS DECEASED EVER IN U.S. ABMED FORCES! 14. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates	G. aubrey Bowlus Middletown	27
of service)	#1	
18. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET ANI	
18. MEDICAL CERTIFICATI		
IS. MEDICAL CERTIFICATION IN THE PROPERTY OF T	Renal Vascular disare 3 1	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HARA X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) 18. MEDICAL CERTIFICATION (A) OF 10 OF 10 OF 10 (B) DUE TO (C)	ONSET ANI	DEAT
IS. MEDICAL CERTIFICATION IN THE PROPERTY OF T	Renal Vascular disare 3 1	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 442 X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Renal Vascular disare 3 g	DEAT
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18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HANDEL CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact of Contributing Cause of Death of Injury street, office bidg.,	Clerosia 20. Autyes Ory, 21c. Where DID (City or town) (County) (Setc. INJURY OCCUR?	OPSYT NO E
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HARD X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact of INJURY street, office bidg., IF ITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRED While Not while at work	Clerosia 20. Autres injury occur? 21F. HOW DID INJURY OCCUR?	OPSYT
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 442 X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (If EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, fact OF INJURY street, office bldg., (If EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRED While at work at	Clerosia 20. Autres injury occur? 21F. HOW DID INJURY OCCUR?	OPSY'NO Late)
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 442 X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (If Either, Notify Medical Examiner) 21A. TIME (Month) (Day) (Year) (Hour) While Not while at work at work at work 22A. I hereby certify that I attended the deceased from 195. Alive on 195. Alive on 195. M. M. Mathematical SIGNATURE M. M	Clereses 20. AUT YES OTY, 21c. WHERE DID (City or town) (County) (Setc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? A M, from the causes and on the date stated about DATE SIGNED DATE SIGNED 10 - 27	OPSYTONE TALE
IS. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HARDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., (If EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, fact OF INJURY street, office bidg., (If EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRED While at work 22. I hereby certify that I attended the deceased from A SIGNATURF 23. BURIAL CREMATION, PATE THEREOF NAME OF CEMETE	Clereses 20. AUT YES 10079. 21c. WHERE DID (City or town) (County) (Setc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 2., 19, to Co. 2.5, 19.5. that I last saw the description of the causes and on the date stated about DATE SIGNED DATE SIGNED DATE SIGNED	OPSY: NO [tate)



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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	09735
OHEA	CITAL	DESTRUCTION OF THE PROPERTY OF	OT	TOTAL MIXT		07

	3191 CERTIFICATE	Reg. Dist.	. No. O. /
legibly.	I. PLACE OF DEATH: * CONTROL MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	2. USUAL RESIDENCE (HOME) OF DECEASED STATEMAN (AUCOUNTY LEASE) CITY(If outside, corporate limits, write RURAL a	wich
and	of and give nearest town) (in/this place)	OR TOWN Child	GR X
clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location)	1
death c	3. NAME OF (First) (Middle) (I DECEASED: (Type or Print) IRA CLINTON BUFF	Last) 4. DATE (Month) OF DEATH:	(Year) 14 1955
of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED (Specify)	OF BIRTH: 9. AGE last birthday Fruncer 1 y Months D	ays Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	1). BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
the	John & Budfunton	Martha Bahn	
se write	Yes, no, or unk.) (If Yes, give war or dates of service)	Clus Chuffinson the	con Bulan
please	18. MEDICAL CERTIFICATION	ON // /	INTERVAL BETWEEN
pld	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A 0	ONSET AND DEATH
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ns	IMMEDIATE CAUSE (A)	no occario ma	
cia	ANTECEDENT CAUSE (S)		
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
	(C)		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
or	DISEASE OR CONDITION CAUSING DEATH.		
du	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	0		YES NO
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, facto OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	y) (State)
is esl	OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
96	22. I hereby certify that I attended the deceased from our	- /-	
correct a	alive on 1955, and that death becurred at a	M, from the causes and on the date s	E SIGNED
Orr	J. 17 2 gg 1 M.		210-18-25
00	Musical 10/14/55 Vite Un	RY OR CREMATORY LOGATION (City, Spin, or	K Guel Md
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	240 FUNERAL DIRECTOR	ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No 14

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	4.90 A R
COUNTY Gredicion MARYLAND	STATE Id. COUNTY FY	
OR and give nearest town) TOWN Record Mark Company (in this place)	CITY (If outside corporate limits write RURAL and give OR TOWN	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Menulan Pract	STREET ADDRESS Misseland Port	1
3. NAME OF (First) (Middle) (Carlot or Print) (Type or Print)	(Last) 4. DATE (Month) (Day) OF DEATH /C //	(Year) 19 5 5
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. WIDOWED, DIVORCED, Specify: The state of th	E OF BIRTII: 9. AGE last birthday: If UNDER I YEAR Months Days 52 yrs.	Hours Min.
10s. USUAL OCCUPATION (Give kind of work life, work done during most of work life, even it retired):		ZEN OF WHAT
13. FATHER'S NAME: Liles	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give.war or dates of service)	had R. Buller Knexill, Ma	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Harmoniate cause		ERVAL BETWEEN SET AND DEATH
giving risc to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20.	AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc CAUSE OF DEATH.	7, 21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work \(\) at work \(\)	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descrifted that death resulted from: Natural causes A, Accisionature	dent [], Suicide [], Homicide [], Undetermine CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify): 10-15-5-5 MANNIAL DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE	RY OR CREMATORY LOCATION (City, town, or county)	(State) ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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S.V UASSIUS ind to 18:25 months to take the Sugar May Page

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3121	CERTIFICAT	E OF DEAT	H Reg. Di	st. No. 131
1. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF DECEAS	SED:
COUNTY Frederick	MARYLAND	STATE MA	COUNTY F	ederick
CITY (If outside corporate limits, on one and give nearest town)	write RURAL LENGTH OF STA	° OR	rporate limits, write RURAI	and give nearest town)
Irederics	e 6 days	D TOWN (Peur	al Mr. Ined	erick X
HOSPITAL OR INSTITUTION OR JUNE 4 STREET ADDRESS JUNE	ck memorial Hos	STREET ADDRESS	(If rural give location	on)
NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) JOHN	WALTER	CLEMSON	OF DEATH: Oct	5 19 55
S. SEX: 6. COLOR OR 7. ST RACE: W	DOWED, DIVORCED, B. DAT	e of BIRTH: 9.	AGE last birthday Months Months	Days Hours Min.
DA. USUAL OCCUPATION (Give kind work done during most of working li	of 108. KIND OF BUSINESS e. OR INDUSTRY:	11. BIRTHPLACE (St	ate or foreign country): 1	2. CITIZEN OF WHAT
even if retired): Jarmer	owner	marix	land	USA
3. FATHER'S NAME:	011	14. MOTHER'S MAIL	DEN NAME:	
Micholas H. K	leuson	Mary Eliza	rbeth Crawe	N
s. WAS DECEASED EVER IN U.S. ARMED FO Yes, no, or unk.) (If Yes, give war or		17. INFORMANT	ADDRESS:	Balto, mot.
1 no of service)		Br. W. Buck	ey Clemson, 101 de	inbridge Rd.
I DISEASES OR CONDITIONS DIRE	18. MEDICAL CERTIFIC	ATION		INTERVAL BETWEEN
331X	O A.	00.0		ONSE! AND DEATH
IMMEDIATE CAUSE	(A) Cerettr	el temana	uge	- saugo
ANTECEDENT CAUSE (S)	DUE TO			
DISEASES OR CONDITIONS, IF ANY				
STATING UNDERLYING CAUSE LAS	<u>T.</u>			
II OTHER SIGNIFICANT CONDITIO	(C) NS CONTRIBUTING			
TO THE DEATH BUT NOT RELATE	D TO THE			
DISEASE OR CONDITION CAUSI 19A. DATE OF OPERATION: 19B. M	AJOR FINDINGS OF OPERATI	ON		20. AUTOPSY?
U				YES NO
1A. ACCIDENT WAS UNDERLYING [R CONTRIBUTING [] CAUSE OF DEAT IF EITHER, NOTIFY MEDICAL EXAMINER)		g., etc. 21c. WHERE DIE g., etc. INJURY OCCUR?		unty) (State)
ID. TIME (Month) (Day) (Year) (HOPF INJURY	our) 21E INJURY OCCURR While Not while at work at work	ED 21F. HOW DID IN.	JURY OCCUR?	
22. I hereby certify that I attend		16.5 19 to 10	1.5 1965 that I is	ist saw the deceased
alive on 10/4 , 1943				
SCNATURF Stone	A O.S.	ADDRESS M. D. Are Se		ATE SIGNED
23. EUR AL. CREMATION, DATE T	HEREOF NAME OF CEMI	TERY OR CREMATORY	LOCATION (City, town,	or county) (State)
Berial Oct. 7	1955 Glano.		Whelpermiell.	md.
DATE REC'D BY LOCAL REGIST	RAR'S SIGNATURE	24. FUNERAL DIF	RECTOR	ADDRESS
FEGISTEATI955 Elin	with the thech.	J. C. Barton	- Wolbersvelle	mol

DELVIED 1955

Set to 1955

Substitute V. S.

MARGIN RESERVED FOR BINDING

carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()9738

9722 CERTIFICATE OF DEATH

Reg. Dist. No. 131

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:					
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick					
CITY (If outside corporate limits, write RURAL, LENGTH OF ST.	AY SITY outside corporate limits, write RURAL and give nesrest town)					
OR and give nearest town) (in this place) Frederick	Frederick-Rural RD#6					
HOSPITAL OR	STREET (If rural give location)					
STREET ADDRESS Frederick Memorial Hospital	ADDRESS Bartonsville					
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)					
OECEASED: (Type or Print) GEORGE WALTER	COLLINS October 4, 19 55					
	TE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.					
Male Colored (Specify): Single 29 S	Sept 1955 yrs. Months Days Hours Min.					
DA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS						
work done during most of working life. even if retired): Infant	Maryland USA					
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:					
George W. Stanton	Yvonne Collins					
WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:					
Yes, po, or unk.) (If Yes, give war or dates NO of service) None						
	Yvonne Collins, RD#6, Frederick, Md.					
18. MEDICAL CERTIFIC I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CATION INTERVAL BETWEEN ONSET AND DEATH					
760.0 IMMEDIATE CAUSE (A) Cerebral	l'amoria 2days					
ANTECEDENT CAUSE (S)						
DISEASES OR CONDITIONS, IF ANY, (B)						
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.						
(c)						
TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
94. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERAT	TON 20. AUTOPSY?					
) • • • • •	YES NO NO					
A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, CONTRIBUTING AUSE OF DEATH OF INJURY street, office bl	factory. 21c. WHERE DID (City or town) (County) (State)					
IF EITHER, NOTIFY MEDICAL EXAMINER) ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR!	RED 21F. HOW DID INJURY OCCUR?					
F TNJURY While Not while	T I I I I I I I I I I I I I I I I I I I					
M. at work at work						
2. I hereby certify that I attended the deceased from	4.24 , 19, to 0 4 , 190.5, that I last saw the deceased					
alive on UC+ 4 . 1955, and that death occurred	at 5:45P M, from the causes and on the date stated above.					
SIGNATURE	ADDRESS DATE SIGNED					
Bernord V. Homos.	M.D. Frederick, Maryland 5 Oct 1955					
mmanutat	ETERY OR CREMATORY LOCATION (City, town, or county) (State)					
Burial 5 Oct 1955 Bartonsvil	le Cemetery Frederick County Maryland					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS					
REGISTRAR I A - CU.) DA ! !!	M. R. Etchison & Son, Frederick, Maryland					

BUREAU V. &

SGE 7 1955

DECENED

Ü	5	1. PLACE OF DEATH:		2. USUAL RES	IDENCI
The	ly.	county Frederick MARYLAND		STATE	Mary
		CITY (If outside corporate limits, write RURAL LENGTH OF SOR and give nearest town) Frederick Lifetime	TAY e)	CITY (If or	utside co
of information carefully.	ly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 McMurray Street		STREET ADDRESS	15 M
matio	clearly	3. NAME OF (First) (Middle) DECEASED: (Type or Print) ROBERT WILLIAM		(Last) CRAMER	4.
infor	death	RACE: WIDOWED, DIVORCED,	temb		9. A
oing item of	= 0	10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	S OR	Maryl	and
	causes	13. FATHER'S NAME:		14. MOTHER'S	AAIDEN
BIN	Ca	Robert H. Cramer		Pauline	
Supply every	te the	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None		Robert H	
0 ,	write	18. MEDICAL CERTIFI	CATIC	ON	
MARGIN RESERVED FOR BINDING TINFADING TNK Sumly every item	cians: please	In DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (a) Cardina DUE TO (b) Congenitor DUE TO	fa.	èlure Ceart du	ear
MA	Ph	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not			
WITH	important.	related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERAT	ION		
	_	21. ACCIDENT (Specify) PLACE (Home, farm, factory, OF office bldg., etc.)	street,	(CITY OR T	OWN)
DI AINILY	especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work At Work		HOW DID IN	
TTE P		22. I hereby certify that I attended the deceased from alive on alive on 19, 19, 19, 3, and that death occurred a (Degree or title)	t 10	,195), to 1	rom th

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH Reg. Dist. No. E (HOME) OF DECEASED: COUNTyFrederick proprate limits, write RURAL and give nearest town) ick (If rural give location) cMurray Street DATE (Month) (Day) (Year) DEATH: October GE last birthday: IF UNDER 1 YEAR | iF UNDER 24 HRS. Hours 12. CITIZEN OF WHAT ate or foreign country): COUNTRY? USA NAME: Fox mer - Frederick, Maryland Interval Between Onset And Death 28 dam 20. AUTOPSY ? Yes No (STATE) (COUNTY) CCUR? , 19.5 J, that I last saw the deceased he causes and on the date stated above. LOCATION (City, town, or county Pleasant Hill Cemetery Ye Yellow Springs, Nr. Fre'k., Md. C. E. Cline & Son - Frederick, Maryland

section of the state of

BUREAU V. S.

DATE REC'D BY LOCAL REGISTRAR 10/21/55

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Balt	timore City
CITY (If outside corporate limits, write RURAL (in this place) OR and give nearest town) TOWN Cullen LENGTH OF STA (in this place) 5565 days	· OP	and give nearest town
HOSPITAL OR INSTITUTION OR Victor Cullen State Hospita	STREET (If rural give location ADDRESS 3221 St. Paul Street	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Richard W. I	(Last) 4. DATE (Month) OF DEATH: Octobe:	(Day) (Year) r 20. 19 55
DAGE WILDOWED DIVORCED	E OF BIRTH: 9. AGE last birthday IF UNDER	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel worker Steel worker	11. BIRTHPLACE (State or foreign country): 12 Dundee, Scotland	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Peter Davidson	Agnes Rollo	
(Yes, no, or unk.) (If Yes, give war or dates of service) 18. Social Security No.	17. INFORMANT & ADDRESS:	
18. MEDICAL CERTIFIC I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ATION	INTERVAL BETWEEN
IMMEDIATE CAUSE (A) Pulmonary	Tuberculosis	$15\frac{1}{2}$ years.
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERAT	ON	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bld (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory, 21c. WHERE DID (City or town) (Cou g., etc. INJURY OCCUR?	nty) (State)
21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR While Not while at work at work	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jul	y 25, 19 40, to Oct. 20, 19 55, that I las	st saw the decease
alive on Oct. 20, 19 55, and that death occurred	A. M. ADDRESS and on the date	stated above. ATE SIGNED ober 21, 1955
23. BURIAL, CREMATION DAVE THEREOF NAME OF CEMPREMOVAL (SPECIFY) BURIAL 10-22-55, Blue Ric	TERY OR CREMATORY LOCATION (City, town,	

BUREAU V. S.

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BECEINED

Oct 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1974)

PLE

REMOVAL (SPECIFY)

REC'D BY LOCAL

USA 17. INFORMANT & ADDRESS: 625 Wilson Place, Frederick, Maryland INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES ! NO T (County) (State) DATE SIGNED 13 Oct 1955 NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Frederick, Maryland Mount Olivet Cemetery 24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland

(Day)

(Year)

Hours

COUNTRY?

SECENAED

SOUT IT TOO

The correct age

9754

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09742

	CERTIFICAT	E OF DEAT	'H Reg.	Dist. No. / 38
I. PLACE OF DRATH. COUNTY Fre den ck CITY (If outside corporate limits, write RURA	MARYLAND	2. USUAL RESIDENCE (STATE Marylane	d	COUNTYFrederick
X TOWN CITY (If outside corporate filmits, write KURA	(in this place)	OR TOWN Frederic		L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ative y	STREET ADDRESS Feage	(If rural, give lo aville	cation)
3. NAME OF DECEASED (Type or Print)	(Middle) MARY.	let)—	DEATH OCT	onth) (Day) (Year)
Emale chite	7. SINOLE, MARRIED, WIDOWED, DIVORCED, (Specify) (4/ (do)//	Fe DIG 1889	66 ym.	If under 1 year If under 24 hrs Months Days Hours Min.
done during most of working life, even if retired) HOUSE-WORK	INDUSTRY OWN Home	Maryland	or foreign country)	12 CITIEBN OF WHAT COUNTED SA
Harlan J. Beard		Ann R. Culle	יינפ	
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT AND Miss E. Elizal	UDDIEDO	F. D. #4, cederick, Marylan
I. DISEASES OR CONDITIONS DIRECTLY I Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		lial fa	ilure orcleron	2 weeks is where
related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F.				20. AUTOPSY?
21. ACCIDENT (Specify) PLAC SUICIDE HOMICIDE INJUI	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR	FOWN) (C	OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the alive on 123, 195, and SIGNATURE	deceased from	-100		I last saw the deceased date stated above. DATE SIGNED
23 BURIAL OREMATION DATE THEREO 25 Oct 195	5 Mount Olivet	t Cemetery	Frederick, M	laryland
BEG. 24-1955 REGISTRAR'S S		M. R. Etchison		erick, Maryland

BECEIAED

BUREAU V. S.

71.0 71.00 77.70 77.70	CERTIFICATI	E OF DEA	TH Reg. I	Dist. No. 131
Item 2, FilmG188 11-10-55 et	,	2 USUAL PESIDE	NCE (HOME) OF DECEASED	
		2. USUAL RESIDE		
COUNTY Frederick	MARYLAND	STATE Mary		OUNTYFrederick
CITY (If outside corporate limits, write I OR and give nearest town) Frederick	tin this place) 4 years	ΛP	e corporate limits, write RURA	L and give nearest town)
IIOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give loca	tion)
70 STREET ADDRESS Home for the	Aged	Home	for the Aged -]	15 Record St.
3. NAME OF (First) DECEASED:	(Middle)	(Last)	OF .	(Day) (Year)
(Type or Print) ELLA	VIRGINIA	ECKER	DEATH: October	30 19 55
RACE: WIDOW	ED, DIVORCED,	6. 1865	9. AGE last birthday: IF UNDER Months	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Seamstress	Ob. KIND OF BUSINESS OF INDUSTRY: Own home Self-employed	R 11. BIRTIIPLACE	(State or foreign country):	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	boll-cmployed	Marylar	DEN NAME:	
William Ecker		Assessment a A T		
15 WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY No.: 17.	Augusta A. F.	DRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	None M	rs. Lillian A	. Nicodemus - Uni	onville, Md.
	18. MEDICAL CERTIFICATI	ON		Intervai Between
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	D.	. 1	Onset And Deat
Immediate cause (a)	Cerebral	hlmar	rhall	48 Wru.
DUE T	0		0	
Antecedent causes (s) Diseases or conditions, if any,				
giving rise to the above cause stating the underlying cause last. DUE T		***		
(c)				
11. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but no related to the disease or condition causing				
19a. DATE OF OPERATION: 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY ?
)				Yes No
21. ACCIDENT (Specify) PLACE OF INJUR	C (Home, farm, factory, street office bldg., etc.)	(CITY OR TOW)	N) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While Work At Work	HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the		T 1955 to 30 (OCT 1955 that I l	ast saw the deceased
			the causes and on the da	
alive on 30 CC.T., 19,55, and t	Degree or title)	ADI	ORESS And on the di	DATE SIGNED
Charles & Conle	M.W.	+rideriel	, ma 3	1 OCT. 1955.
23. BURIAL, CREMATION, DATE THEREO	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, o	or county) (State)
Burial Nov. 2, 1	Mount Olive		Frederick.	Maryland
DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR	SIGNATURE	24. FUNERAL DIRE	CTOR	ADDRESS
Mor. 1955 - Elizabeth	5. Heck	C. E. Cline	& Son - Frederick	, Maryland
0				

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. April 117 - hand the			761 and 60	
		books (Carlotte)		
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MARYLAND	STATE DEP	ARTMENT	OF	HEALTH—BALTIMO	RE,	18	097	44	
9755	CERTIF	CICATE	OF	DEATH	Reg.	Dist.	No.	140	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY Friderick MARYLAND	STATE Md. COUNTY FACE	lerick.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
OR and give nearest town) (in this place)	TOWN Illo Ober ille	V
HOSPITAL OR	STREET (If rural give location)	7
INSTITUTION OR STREET ADDRESS	ADDRESS	
		Ouy) (Year)
OECEASED: (Type or Print) CHATLES CLINTON	FOGLE DEATH: Orther	3 19 55
	OF BIRTH: 9. AGE last birthday Months D	ays Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life, even if retired):		COUNTRY?
Teneral Helpaliment, - 2000 mile	Maryland 14. MOTHER'S MAIDEN NAME:	1.S.A.
3. FATHER'S NAME:	TA. MOTHER'S MAIDEN NAME:	
Francis togle	Margaret Irone	
S. WAS DECEASED EVER IN U.S. ARMED FORCEST 16, SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
70 of service) 112-14-7154	Mr. Elyde H. Fogle 603 Fairs	iew are Fred
18. MEDICAL CERTIFICAT	77 77 7	INTERVAL BETWEEK
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	,	ONSET AND DEATH
IMMEDIATE CAUSE (A) LORONARY	THROMBOSIS & MYOCARDIAL INFAI	KTION 9 day
DUE TO		U
DISEASES OR CONDITIONS, IF ANY, (B) ARTERIOSE	CLEDITIC SVD	10 VEADC
GIVING RISE TO THE ABOVE CAUSE DIE TO	TENOTIC 3	- / CHK
STATING UNDERLYING CAUSE LAST.		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING .		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. TABOLISM.	RIGHT BRACHIAL ARTERY	3 days
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
)		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,		y) (State)
IF EITHER, NOTIFY MEDICAL EXAMINER)	Noon Occor	
ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	D 21F. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from	pril 19 97, to 3 Oct . 1955, that I last	saw the deceased
6 4	M, from the causes and on the date	
signature	ADDRESS DAT	E SIGNED
There a MA	1. D. Walbersulle, Mrs. 4	Det 19TE
	TERY OR CREMATORY LOCATION (City, town, or	county) (State)
REMOVAL (SPECIFY)	metery Walkersvill	1
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR ALLES	4 1 Bat 10/20 kgs and	

OC1 6 1955

BUREAU V. S.

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9726 CERTIFICATE OF DEATH

09747 Reg. Dist. No. 43

	1405. 27.50	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Frederick MARYLAND	STATE Maryland Freder	rick
CITY (If outside corporate limits, write RURAL LENGTH OF STAY or and give nearest town) (in this place)	CHTY (If outside corporate limits, write RURAL a	nd give nearest town
Frederick 30 hrs.	Tewn Rural- Myersville	X
IIOSPITAL OR INSTITUTION OR	STREET (If rural give location)
69 STREET ADDRESS rederick Memorial Hospita	Route # 1.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	y) (Year)
(Type or Print) LULU MAY	GAVER DEATH: October	5 19 55
Female S. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE Specify) Widowed July	of Birtii: 9. AGE last birthday: If under I y Months D	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retire Housewife own home		S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Charles Leatherman	Unknown	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	. INFORMANT & ADDRESS:	
	lenn C. Gaver, Myersville, 1	13 P+ #1
18. MEDICAL CERTIFICATI		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	& Showering &	Interval Between Onset And Deat 2 Ches
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) SRAPU CO (C)	f Shmonkog E Generalezed Orlews durses	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ey Caronary Selevosis	540
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) SUICIDE (Specify) HOMICIDE (Specify) SUICIDE (Home, farm, factory, street office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1955 to 196 1955 that I last	saw the deceased
alive on	A Mfrom the causes and on the date ADDRESS De DAM Sew Wel 1	stated above. ATE SIGNED
Burial Oct. 8,1955 United Br		
8 October 1955 - Elizabett & Hoch	Paul F. Bittle, Myersville,	Md.

'S. A15

GEVILLES OUT IT 1955

Z .V UABRUW

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

9756

CERTIFICATE OF DEATH

		and District	· · · · · · · · · · · · · · · · · · ·
I. PLACE OF DEATH:	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	Dudinica
OR give nearest town) TOWN	AL and LENGTH OF STAY (in this place)	OR TOWN	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET (If rural, give location)	1
3. NAME OF (First) DECEASED (Type or Print)	(Middle)	(Last) 4. DATE (Month) OF DEATH OUT	(Day) (Year) 26 19-5
5. SEX 6. COLOR OR RACE	7. SINGSE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIEEN OF WHAT
13. FATHER'S NAME	,	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates service)		17. INFORMANT AND ADDRESS	n mad
	18. MEDICAL CE	RTIFICATION	1/-
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	Coronan	Thrombosis	Brusset
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	arter Sel	location	2 yrs+
(c)			i
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea	th.		
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION		Yes No No
21. ACCIDENT (Specify) PLA SUICIDE HOMICIDE INJ	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended th	e deceased from	1952, to 1955, that I last	saw the deceased
alive on Sept. 26, 1955, at SIGNATURE	nd that death occurred at.	m., from the causes and on the date s	tated above. DATE SIGNED
Bill Star	masmo	Frederick md Car	チュナーラン
23. BURIAL, CREMATION DATE THERE REMOVAL (Speedly)	OF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or cour	(State)
DATE REC'D BY LOCAL REGISTRAR'S		24. FUNERAL DIRECTOR	ADDRESS
0		Libertatoron, Md	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

200

PRECEDUES 1955

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

EXAMINER'S CERTIFICATE OF DEATH

MEDICAL EXAMINER 5 CER	THICAID OF DEATH NO. 7	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND	STATE Maryland county Frederick	
OR and give nearest town) CTT (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	GITT (If outside corporate limits write RURAL and give neares	st town)
X TOWN Died enroute to Hospital	Frederick-Rural-R.F.D.#6	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET (If rural, give Iocation) /	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)	
	GOINS DEATH October 15, 19	55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UND	
Male White Specify Single Septer	mber 2,1930 25 yrs. Months Days Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even Garetter INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12. CITIZEN COUNTRY Virginia USA	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Homer Goins	Lillie Houndshell	
(Yes, no, or unka) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
	Mr. Homer Goins, R.F.D. #6, Frederick, Mar	yland
Immediate cause Oue To Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Sistan	to Kit west
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTO Yes	OPSY?
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.	Forker Md	10
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 1955 4 M. Work at work	Collision of two automobiles	
22. I hereby certify that I took charge of the remains describ find that death resulted from: Natural causes, Accid SIGNATURE		ause [].
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	Y OR CREMATORY LOCATION (City, town, or county)	(State)
Burial Oct. 18, 1955St. Johns Lut.		RESS
17 Cet 1955 Clisabella y. Hels	M. R. Etchison & Son, Frederick, Mary	Tand

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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Physicians:

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH Reg. Dist. No. 141

9746 I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Frederick Maryland COUNTY Frederic STATE MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town)
TOWN Brunswick OR this place) vears TOWN Brunswick (If rural give location) HOSPITAL OR STREET INSTITUTION OR ADDRESS I5 West "G" 11 (211 STREET ADDRESS West 3. NAME OF (Day) (Year) (Last) 4. DATE (Month) (First) (Middle) DECEASED: John Calvin Grove IO (Type or Print) DEATH: 5. SEX: COLOR OR 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. SINGLE, MARRIED WIDOWED, DIVORCED, Months Days Hours 16-1884 Male bowed 10a. USUAL OCCUPATION Give kind of 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR industry: and O.R.R.Co COUNTRY? Reversed tirking 1 neer B.and U.S.A. Maryland 14. MOTHER'S MAIDEN NAME: I3. FATHER'S NAME: Calvin Grove Louise Hankey 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of service) 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY No.: | Earl A. Grove, Brunswick, Maryland 18. MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Immediate cause Antecedent causes (s) Diseases or conditions, if any, (b) .. giving rise to the above cause stating the underlying cause last. DUE TO OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No No (STATE) ACCIDENT PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (Specify) SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) INJURY OCCURED (Hour) HOW DID INJURY OCCUR? Not While While at INJURY At Work Work [194 that I last saw the deceased 22. I hereby certify that I attended the deceased from .195 alive on ... , from the causes and on the date stated above. and that death occurred at DATE SIGNED SIGNATURE (Degree or title) ADDRESS Knoxville, Maryland BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY (State) REMAYALa (Specify) Reformed DATE REC'D BY LOCALI REGISTRAR'S ADDRESS 24. FUNERAL DIRECTOR C.H. Feete and Bro Brunswick, Md.

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REC'D BY LOCAL

Reg. Dist. No.

Frederick

Charles E. Hicks III Frederick, Md.

24. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH USUAL RESIDENCE (HOME) OF DECEASED: PLACE OF DEATH: Maryland F rederick COUNTY COUNTY MARYLAND STATE CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) TOWN Frederick Tife Frederick (If rural give location) HOSPITAL OR STREET INSTITUTION OR ADDRESS 375 Madison Street 315 Madison Street STREET ADDRESS 4. DATE (Month) (Day) (Year) 3. NAME OF (Last) (First) DECEASED: Haller Elizabeth 19 IO Mary DEATH: (Type or Print) 9. AGE iast birthday: IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH: 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE; WIDOWED, DECEMBER (Specify): Wldowed Months Days Hours 95 26. I\$60 Female Colored Aug. 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): COUNTRY? INDUSTRY: work done during most of working life. even if retired): Housewife **** ****** Frederick Co. causes 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Unknown Unknown 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Supply write th (Yes, no, or unk.) | (If Yes, give war or dates of 315 Madison St. Fred. Md. Charles E. Hall service) None Ne 18. MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death please mo Immediate cause (a) DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating the underlying cause last. Phys OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. important. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No (COUNTY) (STATE) ACCIDENT PLACE (Home, farm, factory, street, OF office bldg., etc.)
1NJURY (CITY OR TOWN) (Specify) SUICIDE HOMICIDE 110W DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURED especially While at Not While INJURY At Work Work [...., 1933, that I last saw the deceased 22. I hereby certify that I attended the deceased from / / alive on from the causes and on the date stated above. and that death occurred at DATE SIGNED (Degree or title) ADDRESS (State) BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or gounty)

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Physicians:

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TIME (Month) (Day)

OF INJURY

(Year)

(Hour)

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PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPTIFICATE OF DEAT

97.28 CERTIFICAT	Reg. Dist.	No. 131
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND	STATE Marvland COUNTY	TY Frederick
CITY (If outside corporate limits, write RURAL LENGTH OF STA		
OR and give nearest town) Frederick (in this place) by years		11
HOSPITAL OR INSTITUTION OR STREET ADDRESS 410 North Bentz Street	STREET (If rural give location) ADDRESS 410 North Bentz Street	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) SHIRLEY GILBERT	(Last) 4. DATE (Month) (Day) HALLER OF DEATH: October 23	
5. SEX: 3. COLOR OR 7. SINGLE, MARRIED, 8. DAT	TE OF BIRTH: 9. AGE last birthday: IF UNDER I YE	AR IF UNOER 24 HRS.
Female White Specify): Widowed Augu	1st 25, 1895 60 yrs. Months Da	ys Hours Min.
	OR II. BIRTHPLACE (State or foreign country): 12. C	OUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Olivet Cleveland Gilbert	Dovie Clem	
	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) None	Mrs. Millard G. Wireman - Frederic	k, Md.
18. MEDICAL CERTIFICA	ATION	Interval Betwee
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33 X Immediate cause (a) Circlinate	I hamonhage	Onset And Deat
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO		
(c)		l
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY ?
		Yes No
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, str. OF office bldg., etc.)	reet, (CITY OR TOWN) (COUNTY) (S	TATE)

Not While At Work 20,1955, to def 30, 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from Can

alive on SIGNATURE 12:30. P.M. from the causes and on the date stated above.

ADDRESS O DATE SIGNED and that death occurred at

HOW DID INJURY OCCUR?

BURIAL, CREMATION, REMOVAL (Specify) BURIAL (State) NAME OF CEMETERY LOCATION (City, town, or county)

26, Oct. Mount Olivet Cemetery REGISTRAR'S SIGNATURE FUNERAL DIRECTOR

INJURY OCCURED

While at

Maryland Address C. E. Cline & Son - Frederick, Maryland

Frederick.

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2. USUAL RESIDENCE (HOME) OF DECEASED:

CTTYTIf outside corporate limits, write RURAL and give nearest town)

	carefull	d legibly.
	WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull	s especially important. Physicians: please write the causes of death clearly and legibly.
	item of i	of death
DING	pply every	the causes
FOR BIN	INK. Su	ase write
SERVED	VFADING	ians: ple
MARGIN RESERVED FOR BINDING	WITH UI	nt. Physic
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1. PLACE OF DEATH:

COUNTY

100	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	TTYTI outside corporate limits, write RURAL and give near	rest town
tion	OR and give nearest town) (in this place)	OR FINAL C	1
	Frederick	I VO I O I	X
m of informa death clearly		ADDRESS 4/\(\) i (If rural give location)	1
ar	Me CTREET ADDRESS OF A F. 1 1/ 1/20	Raine He	
of control		10010 #3	
ri d	3. NAME OF (First) (Middle) (Last)		(ear)
of at	(Type or Print) Tild I Dio 30 House	CW DEATH: Cotober 18 1	955
item of de		BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER	
ite of	RACE: WIDOWED, DIVORCED,	Months Days Hours	
	Fernale white (Specify):	~ 18 1955 yrs. 12 hu	
causes		BIRTHPLACE (State or foreign country): 12. CITIZEN O	
A III	work done during most of working life, or INDUSTRY:	COUNTRY?	
200		laryland	
Supply ite the c	13. FATHER'S NAME:	MOTHER'S MAIDEN NAME:	
E E	Elal Maril II Harakana Calc.		
S e	roye rarshell hanshell or, co	invie Anna Nemp	
K. Su write	(Yes, np., or unk.) (If Yes, give war or dates	INFORMANT & ADDRESS:	
h	of service) NONE	other - Frederick Rt.	# 5
	18. MEDICAL CERTIFICATION	INTERVAL	BETWEEN
Zd	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AN	D DEATH
IQ	7581	1	
A 80	IMMEDIATE CAUSE (A) Molacha	sic /2 h	nen
UNFADING sicians: plea	DUE TO	0	
is is	ANTECEDENT CAUSE (S)	ysterophia fetalis Pir	-0
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	year pura pelales for	Ch-
TH UNFAI	STATING UNDERLYING CAUSE LAST. DUE TO		
=	(C)		
S t	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
T K	TO THE DEATH BUT NOT RELATED TO THE		
II O	DISEASE OR CONDITION CAUSING DEATH.		
PLAINLY, W	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AU	TOPSY?
-	12	YES D	NO T
PI		1 UZA	
93 ig		Cic. WHERE DID (City or town) (County) (S	State)
2 %	(IF EITHER, NOTIFY MEDICAL EXAMINER)	NOON I OCCON	
WRITE PI especially	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21	F. HOW DID INJURY OCCUR?	
-	OF INJURY While at work at work		
S .E			
OR OR	22. I hereby certify that I attended the deceased from Zet. 18,	1955, to Cotto 8 1955 that I last saw the	lecease
मि ह	-71		
TYPE rect ag		M, from the causes and on the date stated abo	ve.
ec ec	SIGNATURF	ADDRESS DATE SIGNED	_
	Call tronger M. D. Y	rederick ma del: 18-5-5	
02	23. BURIAL, GREMATION, DATE THEREOF NAME OF CEMETERY OF	CREMATORY LOCATION (City, town, or county)	(State
A	REMOVAL (SPECIFY) 19 POT 1955 MOUNT BLUET	CEMETERY FREDERICK MO	
PLEA	BUNIAL TOWNS TOWN ULIVET		
Pi	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR ADDRESS	0.4
	1965, 1955 Chabelle 4. theva-	R. ETCHISON BOON, FREDERICK.	170

MARYLAND

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9758 CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
county Frederick MARYLAND	STATE Maryland COUNTY Alle	egany
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	
OR and give nearest town) Y TOWN Cullen (in this place) 10 days	OR	01-02-2
HOSPITAL OR INSTITUTION OR VICTOR Cullen State Hospital	STREET (If rural give location) ADDRESS 109 N. Chase Street	_
	(Last) 4. DATE (Month) (I	Day) (Year)
DECEASED: (Type or Print) Edmund Joseph Ke	ean, Jr. Oct.	23 19 55
RACE: WIDOWED, DIVORCED.	9. AGE iast birthday Funder (y Months D 27 yrs.	ays Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 10B. KIND OF BUSINESS OR INDUSTRY: Student	Maryland U.S.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Edmund Joseph Kean, Sr.	Nancy Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) Korean War 216-22-5233	Patient.	
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
OB AX Pulmonary	Tuberculosis	11 months.
IMMEDIATE CAUSE (A) FULLIONARY .	- 4001 0420040	22 201010
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	,	YES NO TO
21A. ACCIDENT WAS UNDERLYING \(\) 21B. PLACE (Home, farm, fact OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	6:10 M, from the causes and on the date sa.m. ADDRESS Cullen, Maryland Octo	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE SURIAL SPECIFY) 10/26/55 S.S. Peter &	R Paul Cem. Cumberland, Alle	
DATE REC'D BY LOCAL REGISTRAR SIGNATURE REGISTRAR 10/24/55	George Funeral Home, Cumberla	ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEAT	111.		2. USUAL RESIDENCE (HOME) OF DECEASE	ED.
COUNTY Fre	derick	MARYLAND	STATE Maryland	i	COUNTY Frederick
CITY (If outside	corporate limits, write RUR.	AL and LENGTH OF STAY		ate limits, write RURA	L and give nearest town)
OR give neares	t town)Frederick	(in this place)	OR Freder:	ick	11
HOSPITAL OR			STREET	(If rural, give lo	ocation)
OT STREET ADDRE	ess Apt. 5-C Wat	kins Acres	ADDRESS Apt.	5-C Watkins	
3. NAME OF	(First)	(Middle)	(Last)	OF	onth) (Day) (Year)
(Type or Print)	HELEN	MILDRED	KEATS	DEATH	October 31, 1955
5. SEX	6. COLOR OR RACE	7. STNGLE, MARRIED,	8. DATE OF BIRTH	1 -	If under year If under 24 hrs Months Days Hours Min.
Female	White	WIDOWED DIVORCED. (Specify) Married	21 Oct 1893	62 yrs.	
10a. USUAL OCCUI	PATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
done during most of HOUSE-W	working life, even if retired)	INDUSTRYOWN Home	Pennsylvania		COUNTRYTUSA
13. FATHER'S NAS			14. MOTHER'S MAIDER	NAME	
Robert Bo	llinger		Anna Moore	x Million com-	
15. WAS DECEASED I	EVER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY No.	17. INFORMANT AND	DDRESS Apt.	-C Watkins Acres
(Yesho, or unknown)	(If yes, give war or dates	of Unk	Harold Keats,		ick, Maryland
/=		18. MEDICAL CE	RTIFICATION		
I DISPLANCE OF C	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
ON CE	UNDITIONS DIRECTLY	SALING TO DEATH			to C
Immedia	10 001100 (8)	Hamorai s			Jonnett,
minedia	te tause		_ 0	D	
	ent cause(s)	mesed try lo	coration of.	needs on	
	to the above cause	D	02- 101		
stating the	underlying cause last	will Rides - St	after regentee	7000	
	(c) 2		O Rellains	lealed.	
Conditions contrib	ICANT CONDITIONS nuting to the death but not age or condition causing deat	th.	000		
		FINDINGS OF OPERATION			· 20. AUTOPSY?
10					Yes No B
21. EXTERNAL CA	USE WAS PLA	CE (Home, farm, factory, street,	CITY OR	TOWN)	COUNTY), (STATE)
PRIMARY OR C	ONTRIBUTING OF	office bldg., etc.)	Tred	and The	dend me
	(Dsy) (Year) (Hour)	I INJURY OCCURRED	HOW DID INJURY O	CCUR?	
OF INJURY		While at Not while work at work			
INJUNI	m.	work _ at work _			
22. I certify that	I took charge of the remo	ins described above, held an A	lutopsy [], Inspection	Inquiry I ther	eon and from the evidence
obtained by sa	id Autopsy, Inspection o	r Inquiry, find that said dece	ased died on the dry stat	ed above, and death	in my opinion resulted
SIGNATURE	il couses [3 accident [], suicide Q, homicide],	ADDRESS /	000	DATE SIGNED
SIGNATURE	200	C S t title)	True C	ull, pre	12 2-21 1-1-
	Womas,	mo Telpenty me	edul liamon	an'	(CE1, 3/- 70
23. BURIAD, CREM	MATION DATE THERE		RY OR CREMATORY	LOCATION (City, tow	n, or county) (State)
Cremation Spr	rily) 1 Nov 19	Cedar Hill Ci	rematory	Suitland, Ma	aryland
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	OR	ADDRESS
3 REQ. 1. 1	955 - Elia Sul	o. ex the la	M. R. Etchison	n & Son, Free	derick, Maryland
THE WORK TO	TOO WALL		1		

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

NIARGIN RESERVED FOR BINDING

DECEIVED V. S.

OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

Supply every item of information carefully.

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Frederick MARYLAND	STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL or and give nearest town) Frederick LENGTH OF STAY (in this place) 19 Years	CITY(If outside corporate limits, write RURAL and give neare or Frederick	st town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 705 Motter Avenue	STREET (If rural give location) ADDRESS 705 Motter Avenue	1
3. NAME OF (First) (Middle) ((Last) 4. DATE (Month) (Day) (Ye	er)
DECEASED: (Type or Print) LUDWIG HENRY KE	ERN OF DEATH: October 15, 19	مرم
RACE: WIDOWED, DIVORCED.	of BIRTH: 9. AGE last birthday IF UNDER I YEAR HOURS 12, 1888 67 yrs. Months Days Hours	Min.
work done during most of working life, even if retirgarpenter	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY? Maryland USA	WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Adam Kern	Freda Derringer	
(Yes, no, or unk.) (If Yes, give war or dates of service) NO 213-18-0744	Mrs. Hattie S. Kern, Frederick, Maryla	
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	nany Emphyseme 3 ye	in
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	relevotio Ment Disean 2 yes	22
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. A816	NO I
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		ate)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	21
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE		e.
Burial Oct. 18,1955 Mount Olivet	twCemetery Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	M. R. Etchison & Son, Fr derick, Mar	yland

BUREAU V. S.

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MARGIN	
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VS. A15A - 5 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MUDICAL EXAMINATE S CERT	THICAID OF DEATH	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND	state Maryland county Frederick	
OR and give nearest town) X TOWN Frederick-RuralR.D.#5, LENGTH OF STAY (in this place) Years	OR Frederick-Rural-R.D.#5	give nearest town)
HOSPITAL OR INSTITUTION OR ESTREET ADDRESS Bower's Road	STREET (If rural, give location) Bower's Road	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Q V in IRA	(Last) 4. DATE (Month) (Day) OF DEATH October 19,	(Year)
Male White Widower April		rs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if Researched Farm Laborer Farm		CITIZEN OF WHAT COUNTRY? USA
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Charles D. Kline	Iola Ann Rebecca Kline	
(Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
	Mr. C. Milton Kline, Frederick, R.D.	#5, Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		INTERVAL BETWEEN ONSET AND DEATH O.O.U.P.S
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
		Yes NoXX
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc. INJURY		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work 1 at work 1	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes, Accidentally and the control of the remains described from: Natural causes, Accidentally and the control of the remains described from: Natural causes, Accidentally and the control of the remains described from: Natural causes, Accidentally and the control of the remains described from: Natural causes, Accidentally and the control of the remains described from: Natural causes, Accidentally and the control of the remains described from: Natural causes, Accidentally and the control of the remains described from: Natural causes, Accidentally and the control of the remains described from: Natural causes, Accidentally and the control of the remains described from: Natural causes, Accidentally and the control of the control of the remains described from: Natural causes, Accidentally and the control of the con	dent [], Suicide [], Homicide [], Undeterm CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. EY OR CREMATORY LOCATION (City, town, or county)	DATE SIGNED 10/19/55 (State)
Burial DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Cemetery Nr. Frederick, Mar	yland
21 October 1955 - Chialith & Heck	M. R. Etchison & Son, Frederick	

DEVEDURE 100

BUREAU V. S.

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1 9732	CERTIFICATE	OF	DEAT	H	Reg. Dist.	No. 131
I. PLACE OF DEATH:		2. USUAI	RESIDENCE	(HOME) OF		
county Frederick			Md			Frederick
CITY (If outside corporate limits, writ	MARYLAND RURAL LENGTH OF STAY	STATE				d give nearest town
oR and give nearest town) Frederick	(in this place)	OR				\/
HOSPITAL OR	2 weeks	STREE		Creage	al give location)	X
INSTITUTION OR Frederick	Memorial	ADDRE		(21 141	ar give location)	
3. NAME OF (First)	(Middle) (Last)	4.		(Day)	(Year)
(Type or Print) Nettie	Rebecca	Kolb		OF DEATH: OC	toker 8	1955
5. SEX: S. COLOR OR 7. SINC RACE: WID	OWED, DIVORCED, 8. DATE OF	F BIRTH:	9. A	GE last birthda		AR IF UNDER 24 HRS.
Female White (Spec	Widowed Mch. 18	.1884		7I yr	s. Months Da	ys Hours Min.
10a. USUAL OCCUPATION Give kind of	10b. KIND OF BUSINESS OR		HPLACE (Sta	te or foreign		ITIZEN OF WHAT
work done during most of working life, even if retired Housewafe	Own Home	Ma	ryland		1.0	• A •
13. FATHER'S NAME:			R'S MAIDEN	NAME:		
George S. Ramsburg		Elen	oir Ho	lland		
15 WAS DECEASED EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.: 17. II	NFORMAN	T & ADDRE	SS:		
(Yes, no, or unk.) (If Yes, give war or dates of service)		. No m	D	a - 4 4 - D	a aless DA d	D
/ No No	18. MEDICAL CERTIFICATION		nan Bur	derre k	ocky Rid	ige wu
	LY LEADING TO DEATH		the	mloses L dis		Interval Betwee Onset And Deat
Antecedent causes (s) Diseases or conditions, if any,	arteriosel	eric	- hear	1 dis	ine	
stating the underlying cause last.	TO A Lati >	ellit	tus			
11. OTHER SIGNIFICANT CONDITIONS						
Conditions contributing to the death but related to the disease or condition causir	not death					
	R FINDINGS OF OPERATION					20. AUTOPSY ?
0						Yes No
SUICIDE	CE (Home, farm, factory, street, office bldg., etc.)	(CITY	OR TOWN)	(COT	JNTY) (S'	rate)
TIME (Month) (Day) (Year) (Hour) OF	INJURY OCCURED While at Not While	HOW DII	INJURY OC	CCUR ?		
1NJURY m.	Work At Work		1010			
22. I hereby certify that I attended		,19 25,	to	, 1955	, that I last s	saw the deceased
alive on, 1955, and SIGNATURE	that death occurred at	p.m.	, from the	e causes and	on the date s	tated above. TE SIGNED
23. BURIAL, CREMATION, T DATE THER	EOF NAME OF CEMETERY	OR CRE	MATORY	LOCATION (C	ity, town, or cou	ntv) (State)
Burial Oct.II.	1955 Creagerstown			eagerst)
DATE REC'D BY LOCAL REGISTRAR			AL DIRECTO		OHII.	ADDRESS
REGISTRAR CLICALIST	To. S. Hoch.	á . L . CI	reager	& Son.T	hurmont.	Md

3

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The state of the s

24. FUNERAL DIRECTOR.

ADDRESS

REGISTRAR'S SIGNATURE

REG'D BY LOCAL

BUREAU V. S.

OCL & 1322

DECENSED

OR

(Last)

DATE OF

TOWN

STREET

BIRTH:

ADDRESS

LENGTH OF STAY

8.

(Middle)

SINGLE, MARRIED

WIDOWED, DIVORCED

(Year)

19 5

(Day)

STATIf outside corporate limits, write RURAL and give nearest town)

DATE

DEATH:

OF

(If rural give location)

(Month)

9. AGE last birthday IF UNDER I YEAR

PINDING	DINTANIA
EOD	FOR
DECEDATED	MESERVED
DOTN	NI DA

UNFADING INK.

WITH

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WRITE

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TYPE

PLEASE

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carefully legibly.

Supply every item of information

death clearly and

1. PLACE OF DEATH:

INSTITUTION OR STREET ADDRESS

(If outside corporate limits, write RURAL

(First)

WILLIAM COLOR OR |7.

and give nearest town)

COUNTY

NAME OF

DECEASED:

(Type or Print)

OR

TOWN HOSPITAL OR

Jo:	M RACE: WIDOWED, BIVORCED, (Specify): Wislawed Dec. 26 1877 17 yrs. Months D.	ays Hours Mln.
causes	IOA. USUAL OCCUPATION (Give kind of working life, even if retired);	COUNTRY
write the	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Welliam Martin MC Grew 15. WAS DECEASED EVER IN U.S. ARMEO FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: WOLLIAM HOLLIAM	mes, va.
please	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) ATMIN COLUMN CONDITIONS ANTECEDENT CAUSE (S) (B) DUE TO USEASE	ONSET AND DEATH
Physicians	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (Count of INJURY Street) Count of INJURY OCCUR?	y) (State)
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	
correct age	22. I hereby certify that I attended the deceased from June 1, 1953, to UCT. 20, 1955, that I last alive on UCT. 20, 1955, and that death occurred at 1.50 P.M. from the causes and on the date signature. Servard O Thuras & Treduction Management of the Company o	
00	23. BURIAL GREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY) Burial act. 24/1955 Mt. Hage Woodsboro	county) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REGISTRAR 22.4. 1950 Elizabeth y. Hech G.C. Barton, Unlkersville,	address md.

DECENTED

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians:

please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09758

733	CERTIFICATE	\mathbf{OF}	DEATH

Reg. Dist. No. 13

A134	meg. bist.	110. 1 0]
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED);
COUNTY Frederick MARYLAND	STATE MD COUNTY Fre	derick
CITY (if outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CHARIF outside corporate limits, write RURAL of	
// Frederick 18 da	TOWN Creagerstown	×
HOSPITAL OR	STREET (If rurai give location)	
69 STREET ADDRESTredk. Mem. Hospital	ADDRESS	
3. NAME OF (First) (Middle)		Ony) (Year)
OECEASED: (Type or Print) CLARA BELL Nor	ris OF DEATH: Oct. 2	4 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
Female White (Specify) Married AUC 8	1.885 70 yrs. Months D.	ays Hours Min.
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired) Housewife Own Home	W. Va.	S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	D •35 •
James Spicer	Anna Bell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
No of service) No \$18-09-00557	Andrew H. Norris Thurmont.	R.D.I. Md
18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Cerebra	Thrombosis - hemiphles	1. 2WKG
DUE TO beight sin	4 TOTAL OSTS - METHIPATES	2 -113,
ANTECEDENT CAUSE (S:		-5 V
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosc Oue To Disease	lerotic Cardio vas cular	5 1 VS.
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PREUMONI	a Bilateral - Friedlander	6 desertes
19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		
		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (Count; etc. INJURY OCCUR?	y) (State)
OF INJURY OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19/6/	55, 19 , to 10/24 , 1955, that I last	saw the deceased
alive on 10/2 4, 19 55, and that death occurred at		
SIGNATURE		E SIGNED
Henry V. Chaze M.	D. 4 E. Church St Frederik	Jul 10/24/55
	RY OR CREMATORY LOCATION (City, town, or	county) (State)
Burial Oct. 27. 1955 Mt. Garmel	Cem. Thurmont Fredk	.Co .Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	M.L. Creager & Son Thurmon	ADDRESS
27 Odober 1935 Charbelle 9 Teck.		

BUREAU V. S.

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BECENED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09759 Reg. Dist.

Maryland

MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No. 131
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Frederick MARYLAND	STATE Maryland county Frederic	ck
OR and give nearest town) Town 2 Mile South of Rt.#40	(If outside corporate limits write RURAL and OR TOWN Jefferson	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS George Wiles Road	STREET (If rural, give location)	1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) RONALD THOMAS	ODEN OF DEATH October 14	, 1955
5. SEX: 6. COLOR OR 7. SINGTE, MARRIED, RACE: WIDOWED, DIVORCED; 8. DAT	TE OF BIRTII: 9. AGE last birthday: IF UNOER I Y	
Male White (Specify): Married Octo		
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even ilreight):Driver 10b. KIND OF BUSINESS Const. Co.		COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Thomas D. Oden	Fannie Zepp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of NO Service) NO 215-20-8856	17. INFORMANT & ADDRESS: Mrs. Kathleen K. Oden, Jefferson,	Maryland
	CAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	0 0-11 11 0	ONSET AND DEATH
Immediate cause (a) Franchine	ase of Skull	0
DUE TO Fractile 2	ight Ende of Skull reile bath one lift	Mantage
Antecedent cause(s) Diseases or conditions, if any, (b)	in both one left	
giving rise to the above cause DUE TO	h = d a	
stating underlying cause last (c)	Suc	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \(\) No \(\)
PRIMARY For CONTRIBUTING OF Street, office bldg., et INJURY	c., Frederick	Ind (State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while work 3 at work 3	21. HOW DID INJURY OCCUR & and the	muchief
22. I hereby certify that I took charge of the remains descr	ibed above, held an Autopsy 🗌, Inspection 🛛	Inquiry [], and
find that death resulted from: Natural causes [], Acc		
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
Buthomas	M. D. ASSISTANT MEDICAL EXAM.	0/14/55
REMOVAL (Specify):	ERY OR CREMATORY LOCATION (City, town, or co	unty) / (State)
Burial Oct.17,1955 Frederick Men	norial Park Frederick, Mar	yland

M. R. Etchison & Son, Frederick,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

BUREAU V. S.

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BECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALT

IIMORE,	18	Reg. Dist.
OF	DEATH	N. /12

	correc	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No/20
1 78	9	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
1	The	COUNTY Fre derick MARYLAND STATE Manyland COUNTY Freder	rek
0	carefully. The	CITY (If outside corporate limits, write RURAL on this place) OR and give nearest town) TOWN CITY (If outside corporate limits write RURAL and OR TOWN TOWN TOWN TOWN	give nearest town)
		HOSPITAL OR The dereck memorial STREET ADDRESS (If rural, give location) STREET ADDRESS	
	f information death clearly	3. NAME OF DECEASED: (First) (Middle) (Last) 4. DATE (Month) (Day OF DECEASED: OF DEATH OCTOBER OCTOBER OF DEATH OCTOBER O	(Year) 1955
	infor	5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, Specify: Spe	ays Hours Min.
NG	0 44	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Howsework Employed Maryland	CITIZEN OF WHAT COUNTRY? USA
BINDING	every item he causes o	13. FATHER'S NAME: James Juck Mary Margane	
FOR 1	Supply every	15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: 17. INFORMANT & Address: (Yes, ne/or unk.) (If Yes, give war or dates of service) 10. Social Security No.: 17. INFORMANT & Address: 412-24-5654 Mm 4co. R. Colbert, Woods bero	md.
	Sup	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
N E	i e	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
RESERVED	INK.	Immediate cause (a) Encephalitis DUE TO	18 hours
MARGIN RE	UNFADING Physicians:	Antecedent cause(s) Diseases or conditions, if any, (b)	18 hrs.
MAF		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
(I)	LY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No
	LY, imp	21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., INJURY 21b. PLACE (Home, farm, factory, of street, office bldg., etc., injury)	(State)

WRITE PLAINLY, ge is especially im OF INJURY

22. I hereby certify that I took charge of the remains described above, held an Autopsy V, Inspection [], Inquiry [], and find that death resulted from: Natural causes [, Accident [, Suicide [, Homicide [, Undetermined cause [] . SIGNATURE

M. D.

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.

23.	REM	OVAL	(Spe	cify) :	
D		REC'I			L

21d. TIME (Month) (Day) (Year)

REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORY

Not while at work

21e. INJURY OCCURRED

While at work

LOCATION (City, town, or county)

(State)

ADDRESS

21f. HOW DID INJURY OCCUR?

24. FUNERAL DIRECTOR

PLEASE

A15A

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MARIEN

MARYLAND STATE DEPARTMENT OF HEALTH

9735

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 13

	2106. 2100. 2	
1. PLACE OF DEATH- COUNTY Fredericle MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE M.C. FACELY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and g	give nearest town)
GINSTITUTION OR Troderch Mermonil Horp	STREET ADDRESS 305 Bradder (If rural, give location)	ve 1
(Type of Tille)	(Last) 4. DATE (Month) OF DEATH OF	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, BYJORCED, (Specify) WL ADV	8. DATE OF BIRTH 9. AGE last birthday II under Month	er I year If under 24 hr s. Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	md	12. CITIZEN OF WHAT
13. FATHER'S NAME W. Bowers	14. MOTHER'S MAIDEN NAME Bark	ber
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT & Rousery	7 h.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
420 Immediate cause (a) arteriorelest	te Least Disease with	1 day
Antecedent cause(s) Diseases or conditions, if any, (h)	ne	0
giving rise to the above cause stating the underlying cause last (c)		00000 00000 00000 00000 00000 00000 0000
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	belataral	2 days.
198. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes □ No □
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNT)	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Wile at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		saw the deceased
alive on 10/2, 1955, and that death occurred at SIGNATURE (Degree or title)	m., from the causes and on the date s	stated above. DATE SIGNED
Henry V Chase M. F. Y.	ERY OR CREMATORY LOCATION (City, town, or cou	10/4/5-5
Homoval Specify 10/5/55 mt. O	livit Tredent Tre	deul my
ACCT. 1955 Elicabelly tech.	21 FUNERAL DIRECTOR Ludeur	ADDRESS

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 13

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY Frederick COUNTY STATE Maryland Frederick MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and | LENGTH OF STAY OR give nearest town) Liretingace) Frederick Frederick HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural, give location) STREET ADDRESS 144 B & O Avenue North Market Street 4. DATE (Day) (Year) 3. NAME OF (Month) (First) (Middle) (Last) DECEASED DEATH October 10 ROBERT GREGORY (Type or Print) 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Single 9. AGE last birthday | If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. 8. DATE OF BIRTH 6. COLOR OR RACE Male White November 17. 12. CITIZEN OF WHAT H. BIRTHPLACE (State or foreign country) 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR COUNTRY? done during most of working life, even if retired)
Janitor & Repairman INDUSTRY Board of Maryland IS. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John E. Schill Louise M. Topper 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes., no, or unknown) | (If yes, give war or dates of 16. SOCIAL SECURITY NO. 2/4-10-4367 Mrs. John E. Cooper - Frederick, Maryland INTERVAL BETWEEN ONSET AND DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH morary Occlusion Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? INJURY OCCURRED While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes (3) accident [], suicide [], homicide [], undetermined []. SIGNATURE (Degree or title) DATE SIGNED 23. BURIAL, CREMATION LOCATION (City, town, or county) Ab (Specify) Mount Olivet Cemetery Frederick Maryland DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE C. E. Cline & Son - Frederick, Maryland

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PLEASE TYPE OR WRITE PLAINLY, WITH

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9738

CERTIFICATE OF DEATH

Reg. Dist. No. 3

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
gib	COUNTY Frederick MARYLAND	STATE Md COUNTY Frederick				
le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CTT If outside corporate limits, write RURAL and give nearest town)				
and	OR and give mearest town) I per grederick (in this place) 5 da	Emmitsburg Rural X				
arly a	HOSPITAL OR INSTITUTION OR STREET ADDRESS POR OR Memorial HOSPITAL	STREET (If rural give location)				
cles						
death clearly and legibly	3. NAME OF (First) DECEASED: (Type or Print) MARY LOV (SE)	ELTZER 4. DATE (Month) (Day) (Year) OF DEATH: Oct. 23. 1955				
of	Female White Specify Married July	16th 1890 65 yrs. Hours Min.				
causes	OR JUSTAL OCCUPATION IGIVE kind of work done during most of working life. even if retire HOUSEWITE OWN HOME	Penna. 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT				
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
the th	Alexander Knott	Annie Bowman				
write	15. WAR DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:				
	(Yes, no, or unk.) Ilf Yes, give war or dates of service)	J.Edward Seltzer Emmitsburg R.D.Md				
please	18. MEDICAL CERTIFICAT	TON INTERVAL BETWEEN				
p	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH				
10	199.9 IMMEDIATE CAUSE (A) General	lized Carcinomatosis 6 Mos.				
lan	DUE TO					
sic	DISEASES OR CONDITIONS, IF ANY. (B) (Primary Site undetermined)					
Physicians	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO					
	(C)					
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
ort	DISEASE OR CONDITION CAUSING DEATH. Pathological Fracture Femur, left.					
mp	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?				
		YES NO X				
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?				
sp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
13	OF INJURY While Not while at work					
	1//					
22. I hereby certify that I attended the deceased from 18 02 , 1953, to 23 02 , 1953, that I last so alive on 23 02 , 1955, and that death occurred at 10.00 MM, from the causes and on the date sta						
SIGNATURE ADDRESS DATE S						
correct		.035 E Church St Frederick, Md +30ct55				
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or county)				
	Burial Oct.26th.1955 St. Ant					
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRARA 25 Carbon 1955 Chicalotta & Hock.	1.L. Creager & Son. Thurmont .Md				

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICIAL	TAVAMINITADIS	CEDMITMCAME	OTA	TOTALINIT	
MEDICAL	TIMAMILIA D	CERTIFICATE	OL	DEALI	No

rrect	MEDICAL EXAMINER'S CERTIFICA						
ပ္ပ ၈		SIDENCE (HOME) OF DECEASED:					
y.	COUNTY Frederick MARYLAND STATE Ma:	ryland county Montgomery					
y.	CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If o	outside corporate limits write RURAL and give nearest town)					
leg	OR and give nearest town) (in this place) OR TOWN Frederick	Boyds 15x 2					
and	HOSPITAL OR STREET ADDRESS Frederick Hospital ADDRESS	(If rural, give location)					
nation	3. NAME OF (First) (Middle) (Last) DECEASED: (Type or Print)	4. DATE (Month) (Day) (Year) OF DEATH ATTACA 1955					
inform eath c	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: WIDOWED, DIVORCED, (Specify): (Specify):	9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HR Months Days Hours Min.					
Supply every item of information carefully. The correctivite the causes of death clearly and legibly.	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHE work done during most of work life. INDUSTRY:	PLACE (State or foreign country): 12. CITIZEN OF WILL COUNTRY?					
ite	THE PLIT EV	MAIDEN NAME:					
ry							
eve le	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT						
th	(1es, no, or unk.) (11 les, give war or dates of						
rite	18. MEDICAL CERTIFICAT	er Rrown, Dayton, Md					
please w	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.2 Immediate cause (a) City social fector DUE TO	INTERVAL BETWEE					
ت ا ر	Antecedent cause(s)						
ans	Diseases or conditions, if any, (b)						
Sici	giving rise to the above cause DUE TO stating underlying cause last						
I UNFADING.	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
WITE	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No. S					
imp,	21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., INJURY 21c. (City of Street)	or town) (County) (State)					
LAIN cially	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work ☐ at work ☐	DID INJURY OCCUR?					
E Pi	22. I hereby certify that I took charge of the remains described above, he find that death resulted from: Natural causes , Accident . Suice						
WRIT e is	SIGNATURE 2 AST	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. DATE SIGNED					
PLEASE WRITE PLAINLY, WITH age is especially important.	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMAT REMOVAL (Specify): 10-19-55 Providence	ORY LOCATION (City, town, or county) (State)					
PLE!	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERA	L DIRECTOR ADDRESS inbothom, Ellicott City, Md.					

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MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 09766	
9740 CERTIFICATE	E OF DEATH Reg. Dist. No. 13	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	=
COUNTY Frederick MARYLAND	STATE Pennsylvanicounty	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	OR TOWN 75 % - 3	vn)
HOSPITAL OR INSTITUTION OR Thrue Pines Nursing Home	STREET (If rural give location)	
DECEACED.	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: (Oct. 18 19 55	-
5. SEX: 6. COLOR OR 7. STNOLE, MARRIED, RACE: WIDOWED, DIVORCED, (Specify): Markied, March	OF BIRTH: 9. AGE last birthday IF UNDER 1 VEAR IF UNDER 24 HRS Months Daya Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Gur business	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA COUNTRY? Maruland S.A.	AT
13. FATHER'S NAME: Yames P. Smith	alice Barrick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. John A Y Smith 1018. Church St. Fred.	ma
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEE	EN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT	тн
IMMEDIATE CAUSE (A) Dryucke	greemonia 3 weeks	
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Thatequary	y, mediastian, trupe unburea months	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?	7
	YES NO]
21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	
OF INJURY OF INJURY OF INJURY ODAY) (Year) (Hour) 21E INJURY OCCURRED While at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept.	.30, 1937, to Oct. 18, 1953, that I last saw the decease	sed
alive on, 1957, and that death occurred at SIGNATURE	7.4 SAM, from the causes and on the date stated above. ADDRESS DATE SIGNED	
	ERY OR CREMATORY LOCATION (City, town, or county) (State	
Burial Oct. 19 1955 mt. Hope	Woodsboro md	1.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1904 1955 Chaluly 4.	4 C. Barton Walkersville Jud.	

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09768 OF DEATH OF DEATH Per Dist No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick
(If outside corporate limits, write RURAL and give nearest town) Town Frederick-Rural RD#5 LENGTH OF STAY (in this place) Years	CHTAIN outside corporate limits, write RURAL and give nearest town OR TOWN Frederick-Rural RD#5
HOSPITAL OR INSTITUTION OR STREET ADDRESSFrederick County Chronic Hospi	STREET (If rural give location)
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) OF DEATH: October 20,1955
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 MAS.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? UNKnown USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown
(Yes no, or unk.) (If Yes, give war or dates of service) None	17. INFORMANT & ADDRESS: Hospital Records
IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	alle herma (inguina) 5 days. clerotic Cardio - vascular 18 year. crypatrophy with urinary relation
198. MAJOR FINDINGS OF OPERATION	YES NO [
21A. ACCIDENT WAS UNDERLYING \(\) 21s. PLACE (Home, farm, factor of Contributing \(\) CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	Pry. 21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
PID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
	3., 1925, to Oct 20, 1955, that I last saw the deceased 1:10A M, from the causes and on the date stated above. ADDRESS DATE SIGNED D. Fre derick, Maryland 20 Oct 1955 RY OR CREMATORY LOCATION (City, town, or county) (State)
Removal (SPECIFY) 20 Oct 1955 Anatomical E	Board Baltimore, Maryland

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Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

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9742 CERTIFICATI	E OF DEATH Reg. Dist. No. / 40
1. PLACE OF DEATH: COUNTY Frequency MARYLAND CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Woodshood (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MC. COUNTY Frederick. CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN World box STREET ADDRESS (If rural give location)
DECEASED: (Type or Print) MRS MINNE FLORENCE 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE; WIDOWED, DIVORCED, (Specify): Widowed Sau. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 1018 OR INDUSTRY: 13. FATHER'S NAME: 14. Base 15. WAS DECEASED EVER IN U.S. ARMEO FORCEST (Yes, no, or unk.) (If Yes, give war or dates) 16. SOCIAL SECURITY NO.	OF BIRTH: 9. AGE last birthday North Months 9. AGE last birthday 15 19 55 OF BIRTH: 9. AGE last birthday 15 19 55 Months Days Months Days Months Days Months Days Months 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME: 15 19 55 16 19 55 17 18 18 18 18 18 18 18 18 18 18 18 18 18
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HAS X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	thrombosis 10 hours thrombosis 10 hours tensive CVD 20 years?
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M M M M M M 19B. MAJOR FINDINGS OF OPERATIO 21B. PLACE (Home, farm, fac OF INJURY street, office bldg., OF INJURY OCCURRET While Not while at work at work at work	ctory. 21c. WHERE DID (City or town) (County) (State)
22. I hereby certify that I attended the deceased from alive on	1954, to

VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

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VS. A15

age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 180977,1

9743 CERTIFICATE OF DEATH

Reg. Dist. No. 13

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Frederick MARYLAND	STATE Maryland coun	TY Frederick
CITY (If outside corporate limits, write RURAL LENGTH OF STA	CITY (If outside corporate limits, write RURAL at	nd give nearest town)
OR and give nearest town) Frederick (in this place) Lifetime	Frederick	11
HOSPITAL OR	STREET (If rural give location)) /
INSTITUTION OR STREET ADDRESS 5 North Bentz Street	ADDRESS 5 North Bentz Street	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	(Year)
DECEASED: (Type or Print) ADDIE ESTELLE	STUP OF DEATH: October 11	19 55
	E OF BIRTII: 9. AGE iast birthday: If UNDER I Y	
	12 19. 1896 59 yrs. Months De	ays Hours Min.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS	OR 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life, even if retired): Housewife Own home		USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0011
Charles T. Fagan	Addie M. Fraley	
15 WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of	Mr. Charles W. Stup - Frederick, M	arvland
18. MEDICAL CERTIFICA		
	,	Interval Between
260X 1 Atrain = 50/01	of is Changery astory & sease	3 years
Immediate cause	and an food of	
Antecedent causes (s)	otic Corniary astery disease Mellitus	18hours
giving rise to the above cause	// /~uus	
stating the underlying cause last. DUE TO		1
(c)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY ?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	eet, (CITY OR TOWN) (COUNTY) (S	STATE)
HOMICIDE		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jun.	2 1953 to Oct. 11 1955, that I last	saw the deceased
	4:45 A.M., from the causes and on the date	
SIGNATURE (Degree or title)	ADDRESS DA	ATE SIGNED
Bernard C. Thumas De Mill In		11955
	TERY OR CREMATORY LOCATION (City, town, or co	
	vet Cemetery Frederick,	Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
13 Odnie 1953 - Chighelle y tech	C. E. Clime & Son - Frederick,	Maryland

THE WORLD PROPERTY. BUREAU V. S.

OCT 17 1955

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09772

9765 CERTIFICATE OF DEATH

Reg. Dist. No. 139

3 3 3 3 3			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:	
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Cecil		
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL		
OR and give nearest town) TOWN Cullen (in this place) 62 days	Town Perryville	07x-2	
HOSPITAL OR INSTITUTION OR VICTOR Cullen State Hospital	STREET (If rural give location		
	0.5	Duy) (Year) 19, 19 55	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED, (Specify): Married Jan. 22	OF BIRTH: 9. AGE last birthday trunder		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver 10B. KIND OF BUSINESS OR INDUSTRY: Truck driver.	11. BIRTHPLACE (State or foreign country): 12. Maryland	CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
James N. Thompson	Sarah Harris		
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates of service) 216-01-8521	Patient, Mr. James Willis Tho	mpson	
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN	
163 MEDIATE CAUSE (A) Cardio-resp	piratory failure.	few minutes	
ANTECEDENT CAUSE (\$)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Acute Ponto Due To	ocaine intoxication.	few minutes	
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinon	ma of lung	9 months.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (if Either, notify medical examiner)	tory, etc. 21c. WHERE DID (City or town) (Coun	(State)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Aug.			
alive on Oct. 19, 1955, and that death occurred at SIGNATURE	P.M. ADDRESS DA	TE SIGNED	
		er 21, 1955	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) 10-22-55, Asbury Ce	em. Location (City, town, or Port Deposit,)		
DATE REC'D BY LOCAL REGISTRAT'S SIGNATURE REGISTRAR 10/21/55	24. FUNERAL DIRECTOR	ADDRESS	

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BUREAU V. S.

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N RESERVED POR	, WITH UNFADING INK.
MARGIN	WITH
M	PLEASE TYPE OR WRITE PLAINLY,
9	WRITE
	OR
10 - 53	TYPE
VS. A15 — 10	PLEASE

MARKE AND CHARLE DURA DIMENSI	TOTAL THE ALTERNATION TO	0.0550
MARYLAND STATE DEPARTMENT 9765 CERTIFICATE		No. 131
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
COUNTY TO MARYLAND (If outside corporate limits, write RURAL OR and give nearest town) TOWN MARYLAND LENGTH OF STAY (in this place)	STATE COUNTY FALL COUNTY OUTSIDE COUNTY OF TOWN	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location)	7
DECEASED: (Type or Print) JOHN HENRY T	ONS DEATH: OF	(Year) (Year) 19 % 5
5. SEX: 6. COLOR OR 7. SINGLE MARRIED 8. DATE WIDOWED, Specify): (Specify): (OF BIRTH: 9. AGE last birthday Months Direction Direction	Hours Min.
work done during most of working life, even if retired):	Maryland	U.S.A
John Henry Lours	14. MOTHER'S MAIDEN NAME: Elizabeth Wright	
(Yes, no, or unk.) (If Yes, give war or dates of service) 216-22-1647	17. INFORMANT & ADDRESS: He yore	, md.
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
422 MMEDIATE CAUSE (A) Arttrid - St	Corotic Cardis-vascular diaise	20 yars
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		NEAL CLUB
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work	21F. HOW DID INJURY OCCUR?	
SIGNATURE Bernard O. Thuning.	2 A.M. from the causes and on the date s ADDRESS D. FARBLINGE ME DAT	tated above.
Burial Oct. 4, 1955 mt. Itage	LOCATION (City, town, or Location (City, town, or Lewetry Woodsboro Fre	d Co. Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 3 Odulu 1955 - Elizabetts & Starks	y. C. Barton, Walkersville	md.

BUREAU V. S.

SS61 7 1955

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH

9714

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH.		
COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTS	Y 7, 0. 1
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	mayeur	theres
CIPY (If outside corporate limits, write RURAL and OR give nearest town)	CITY (If outside corporate limits, write RURAL and give OR TOWN	ve nearest town)
40 STREET ADDRESS Lichuick County Chronic Hassis	STREET (If rural, give location)	4-chet Est
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print)	DEATH CLARK	19(7
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify) Small	8. DATE OF BIRTH 9. AGE last birthday If under Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or INDUSTRY INDUSTRY		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	/
Rabert Pyles	Daisey Melsan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes, no, prominent of the security of the	17. INFORMANT	
(1 es, no, produktiown) (11 year, give was of dates of None	Montevue Records	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	all for for	ONSET AND DEATH
7590 Charia (1.	vehretaies	CYD.
/5 / Immediate cause (a)		
Antecedent cause(s)	- / /	80
Diseases or conditions, if any, (b) Capter defruer	less reufs (conquestal)	Before
giving riso to the above cause stating the underlying cause last		
(c)	**************************************	1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🖔
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUCIDE HOMICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY INJURY	(CITY OR TOWN) (COUNTY)	Yes 🗆 No 🖔
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	Yes 🗆 No 🖔
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OF INJURY INJURY OCCURRED While at Not While m. Work At work	HOW DID INJURY OCCUR?	Yes No K
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	Yes No K
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR?	Yes No Ko (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR?	Yes No Ko (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR? 19.53, to 19.55, that I last so the fam., from the causes and on the date st ADDRESS	Yes No Ko (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR? 19.53, to 19.55, that I last so 19.55, that I last so 19.55, that I last so 19.55, aryland 25 (RY OR CREMATORY LOCATION (City, town, or county)	Yes No Ko (STATE) aw the deceased ated above. DATE SIGNED Oct 1955 ty) (State)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR? 19.53, to 19.55, that I last so 19.55, that	Yes No Ko (STATE) aw the deceased ated above. DATE SIGNED Oct 1955 ty) (State)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR? 19.53, to 19.55, that I last so 19.55, that I last so 19.55, that I last so 19.55, aryland 25 (RY OR CREMATORY LOCATION (City, town, or county)	Yes No (STATE) aw the deceased ated above. DATE SIGNED Oct 1955 ty) (State) nd ADDRESS

ED FOR BINDING

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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Physicians:

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MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	09775	
9767 CERTIFICATI	E OF DEATH Reg. Dis	t. No. 131	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:	
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick		
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	AY CITY-If outside corporate limits, write RURAL and give nearest		
OR and give nearest town) Middletown-Rural-R.D.#1 Figure 1. Tears	Middletown-Rural-R.I	0.#1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location ADDRESS		
	(Last) 4. DATE (Month)	(Day) (Year)	
Type or Print) DAISY VIOLET	VALENTINE OF October	5, 1955	
5. SEX: 6. COLOR OR 7. SHIGTE, MARKIED. 8. DATE RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER	The second secon	
	14. 1879 75 yrs. Months	Daya Hours Min.	
IOA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): [12.	CITIZEN OF WHAT	
work done during most of working life. even if relousework Home	Maryland	USA	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0022	
Joseph H. Black	Watilda C. Norris		
18. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates of service) No None	Mrs.Ruhland C. Boyer, Middleton	m,R.D.#1,Md.	
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN	
600. IMMEDIATE CAUSE (A) Brouch	prevmonia	3 days.	
ANTECEDENT CAUSE (S)			
STATING UNDERLYING CAUSE LAST.	phrilis	2 presuths	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE	noe Carder voscular diserce		
DISEASE OR CONDITION CAUSING DEATH. Hyper Fine 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
\mathcal{U}		YES NO KK	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Coun etc. INJURY OCCUR?	ty) (State)	
2ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Dec	c. , 19 53; to Oct 5 , 1951, that I las	t saw the deceased	
alive on Delotus, 1965, and that death occurred at SIGNATURE	10:20 M, from the causes and on the date		
J. R. J. Chorlusus M.	.D. Frederick, Maryland ERY OR CREMATORY LOCATION (City, town, o	10/6/1955	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE		r county) (State)	
Burial Oct.9,1955 Mt. Tabor Cen			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	M. R. Etchison & Son, Frederick	ADDRESS Manuland	
Tat. 1953 Chalelle S. Heck-	m. n. Eccurson & Son, rederick	, mary tand	

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OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9769	CERTIFICATE	OF	DEATH

Reg. Dist. No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick
(If outside corporate limits, write RURAL, LENGTH O	STAY Outside corporate limits, write RURAL and give nearest town
OR and give nearest town) Y TOWN Doubs (in this Years	ace) OR TOWN Doubs
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) ALBERT WILLIAM	WALTER DEATH: October 15, 1955
RACE: WIDOWED, DIVORCED,	DATE OF BIRTH: 9. AGE iast birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 13.1875 79 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even Retired Carpenter B. & O. R. R.	ESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA COUNTRY? Maryland USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles F. Walter	Eugenia Ellen Kessler
S. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY	9
(Yes, no, or unk.) (If Yes, give war or dates of service) No None	Mr. Lawrence A. Walter, Doubs, Maryland
18. MEDICAL CER I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	INTERVAL BEIWEE
33/X	ONSET AND DEATH
IMMEDIATE CAUSE (A)	Brof himwerkog E 20 mie
ANTECEDENT CAUSE (S)	20
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	onced Generalis Calines Elicato
STATING UNDERLYING CAUSE LAST. (C)	CarlineoCelinaDr
22 OTTIER OFFICE	Courage and 3
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OP	RATION
U	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, f. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off injur	rm, factory, e bldg., etc. 21C. WHERE DID (City or town) (County) (State)
DE TIME (Month) (Day) (Year) (Hour) 21E INJURY OC While Not was at work at work	niie 📉
22. I hereby certify that I attended the deceased from	16/11, 1952, to 10/13, 1953, that I last saw the deceased
aline on 10/15 1055 and that 1050	red at 6:15P M, from the causes and on the date stated above.
SIGNATURE () and that death occur	ADDRESS DATE SIGNED
(Trilate)	M.D. Jefferson, Marvland 10-17-1955
	M.D. Jefferson, Maryland 10-17-1955 EMETERY OR CREMATORY LOCATION (City, town, or county) (State
23. BURIAL, CREMATION, DATE THEREOF NAME OF	M.D. Jefferson, Maryland 10-17-1955 CEMETERY OR CREMATORY LOCATION (City, town, or county) (State Olivet Cemetery Frederick, Maryland

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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9759

CERTIFICATE OF DEATH

09777

Reg. Dist. No. /38

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-	,
Frederick MARYLAND	Mary 12nd Fred	erick
OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
X TOWN New Market 4 years	TOWN New Morket	X
HOSPITAL OR	STREET (If rural, give location)	1
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Annie ELiza	Ways DEATH October	24 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED,	8. DATE OF BIRTH 9. AGE last birthday If under	1 year IIf under 24 hrs.
Female Coloved Specify Widow	UNKNOWN ABOUTED yes. Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
HOUSE WORK OWN HOME	MARYLAMO	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7
UPTON CRAMPTON	HARRIET MASON	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of service)	LAVINA HOLLAND NEWM,	ARKET MAI
		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
		Several
Immediate cause (a) Generalized	Arteriosclevosis	Vears
		and the same of th
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last		
(c)	***************************************	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
	11	
22. I hereby certify that I attended the deceased from April.	, 1952, to Ocrober, 1953, that I last so	w the deceased
alive on October 23 1955, and that death occurred at	980	
SIGNATURE (Degree or title)	ADDRESS	ated above. DATE SIGNED
SIGNATURE		
W.S. Culwell M.D.	Mf. lury md. Ocs RY OR CREMATORY LOCATION (City, town, or count	Alen 24, 1958
		y) (State)
	US CHAPEL NEWMARKET	(11)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
OCT 26-55 Lucian 1 Fakoren	1567000 Marin Marin Marin	1. 171100
	The Carrier was a contract the contract to the	

RUREAU V. S.

DE AREAS E

9745

CERTIFICATE OF DEATH

Reg. Dist. No. 131

	FOR MEDICAL	DAAMINERS	Reg	. Dist. No
I. PLACE OF DEATH-		2. USUAL RESIDENCE	(HOME) OF DECEA	SED.
Frederick	MARYLAND	Mar	yland	Fred.
CITY (If outside corporate limits, write RUR.	AL and LENGTH OF STAY	OR CITY (If outside corpo	orate limits, write RUI	RAL and give nearest town)
OR give nearest town) Frederick	(in this place) yrs.	TOWN F	rederick	1/
HOSPITAL OR		STREET	(If rural, give	location)
INSTITUTION OR STREET ADDRESS 152 W. A.	ll Saints St.	ADDRESS I	52 W. All Sa	ints St/
3. NAME OF (First)	(Middle)	(Last)	0.8	Month) (Day) (Year)
(Type or Print) Joseph	Willia	ms	OF DEATH O	et. 28 19 55
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH		y I If under I year IIf under 24 hrs
Male Colored	(Specify)	May 5. 1888	67 ym	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work	10b. Kind of Business on	1 11. BIRTHPLACE (State	710	1 12. CITIZEN OF WHAT
done during most of working life, even if retired)	INDUSTRY *****	Virginia	or foreign cougury/	COUNTRY?
13. FATHER'S NAME	*******	1 14. MOTHER'S MAIDE	NNAME	
Unknown		Unknown		
15. Was DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)	214-10-1574	Anna M. Ball	ADDRESS All	Saints St.
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY	I BADING MO DEAMH			INTERVAL BETWEEN ONSET AND DEATE
L. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	0		UNBET AND DEATH
420.1	in man	Bookne		12/2 3
Immediate cause (a)(for the second s		
Antecedent cause(s)	~			
Diseases or conditinns, if any, (b)			*****************************	* * * * * * * * * * * * * * * * * * *
giving rise to the above cause stating the underlying cause last				
(c)				
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not				
related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR				20. AUTOPSY1
DATE OF OPERATION 198. MAJOR I	INDINGS OF OPERATION			
				Yes 🗆 No 🖸
21. EXTERNAL CAUSE WAS PRIMARY OF OF	CE (Home, farm, factory, atreet, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY) (STATE)
CAUSE OF DEATH.	JRY 17-male	-tracks	to proce	leant mo
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?	
OF INJURY m,	While at Not while work at work			
22. I certify that I took charge of the rema	ins described above, held an A	Autopsy [], Inspection.	Inquiry [] the	ereon and from the evidence
obtained by said Autopsy, Inspection of	r Inquiry, find that said dece	eased died on the day sta	ted above, and dear	th in my opinion resulted
from: natural causes KI accident			1-	O DAMES GEGINE
SIGNATURE	(Degree or title)	ADDRESS 7	erok, Du	DATE SIGNED
1 in 1) Herry	hQ XI I Til	2.1 131		(1) T. 70
	INAT MENTAGEN	Idilated Cofeman		101 -1 41
23 RUBIAL CREMATION I DATE THERE	DE I NAME OF CEMETE	DV OD CDE LIBORY I	I OCATIONI (Ciasa de	www or country) (Chata)
23. BURIAL, CREMATION DATE THERE		RY OR CREMADORY	LOCATION (City, to	
Burial (Specify) Oct. 30-	NAME OF CEMETE		Frederick	Md.
REMOYAL (Specify)		24. FUNERAL DIRECT	Frederick	
Burial (Specify) Oct. 30-			Frederick	Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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9770	CERTIFICATI	E OF DEATH	I Reg. Di	st. No. 13
1. PLACE OF DEATH: COUNTY Frederick	MARYLAND	STATE Mary	CE (HOME) OF DECEAS	derick
OR and give marest town	tite RURAL LENGTH OF STAY (in this place)	TOWN Jura	orate limits, write RURAL	uck x
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give locatio	n) /
3. NAME OF (First) DECEASED: (Type or Print) EMMA	ZIMMERN		4. DATE (Month) OF DEATH: Oct	(Day) (Year) 14 19 55
F White (Spe	OWED, DIVORCED 8. DATE (CITY): Wildowed Feb	12, 1867	S S yrs. Months	Bays Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:	Frederick (ounty maryle	COUNTRY?
13. FATHER'S NAME: GEORGE W.	Harris	Mary El	len Stal	ley
(Yes, no or unk.) (If Yes, give war or da		W. L. Smit	L Son in law	Frederick m
I DISEASES OR CONDITIONS DIRECT	18. MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECT	(A) BRONCHIAL	PNEUMONIA		I WEEK
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B) CEREBAAL	THROMBOSIS		2 WEEKS
STATING UNDERLYING CAUSE LAST.	(c) ARTERIOS	LEROTIC CV	D	10 YEARS
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING	TO THE G DEATH.			
19a. DATE OF OPERATION: 19B. MA.	JOR FINDINGS OF OPERATION	1		20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, fact OF INJURY street, office bldg.,	etc. 21c. WHERE DID 1NJURY OCCUR?	(City or town) (Cou	inty) (State)
21D. TIME (Month) (Day) (Year) (Hou OF INJURY	While Not while	21F. HOW DID INJU	JRY OCCUR?	
22. I hereby certify that I attended alive on 13 Oct 1955.	d the deceased from 11 Oc and that death occurred at		auses and on the dat	
signature & Sover	. м	. D. Wilber	inelle Mid "	14 October 1955
23. BURNAL, COMMANION, DATE THIS REMOVAL (SPECIFY) BURNAL Oct 10	6,1955 Zion Reforme	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	LOCATION (City, town,	or county) (Stave)
DATE REC'D BY LOCAL REGISTRE REGISTRAR 1953	AR'S SIGNATURE	24. FUNERAL DIRE	eley Fred	lend, md,

BUREAU V. S.

9961 SI 190

BECEINED